OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
INCIDENT/ACCIDENT INVESTIGATION FORM

PLEASE TYPE OR PRINT

1. LOCATION CODE_____ 2. ACCIDENT DATE_____ 3. REPORTING DATE_____

4. JOB TITLE_____ 5. IMMEDIATE SUPERVISOR _____

6. EMPLOYEE'S NAME (LAST-FIRST)_____ 7. SOCIAL SECURITY #_____

8. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED (**USE ADDITIONAL SHEETS IF NECESSARY**)_____

_____

_____

_____

_____EMPLOYEE'S SIGNATURE_____

9. NAME OF PERSON FILLING OUT REPORT_____ SIGNATURE_____

10.AGENCY_____ PHONE NUMBER_____

11. PARISH WHERE OCCURRED_____ PARISH OF DOMICILE_____

12. WAS MEDICAL TREATMENT REQUIRED ____Y ____N 13. WAS EQUIPMENT INVOLVED ___Y ___N _____

14. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED __Y __N 15. INVOLVING SAME INDIVIDUAL ___Y ___N 16. SAME LOCATION __Y __N

17. EXACT LOCATION WHERE EVENT OCCURRED_____

_____

_____

18.NAME (S) OF WITNESSES_____

CAUSE CODE

___ **AA AUTO ACCIDENT**	____**1C STRUCK BY PATIENT OR EMPLOYEE**
____ **AB CONTACT WITH SKIN IRRITANT**	____ **2A STRAIN BY LIFTING, TWISTING, OR USING TOOL/MACH**
____ **AC INSECT BITE OR STING**	____ **3A SLIP AND FALL ON FOREIGN OBJECT**
____ **AD POISONING**	____ **3B SLIP AND FALL FROM LADDERS, SCAFFOLDING, & CHAIRS**
____ **AE EXTREME NOISE**	____ **3C SLIP AND FALL FROM RAMPS, CURBING, OR STAIRS**
____ **AF ANIMAL BITE**	____ **4A STRIKING AGAINST OBJECT**
____ **AG OVEREXERTION**	____ **5A STEPPING ON A SHARP OBJECT**
____ **AH STROKE**	____ **6A CAUGHT IN / BETWEEN MACHINERY OR OTHER OBJECTS**
____ **AI HEART ATTACK**	____ **7A BURN OR EXPOSURE DUE TO PHYSICAL CONTACT**
____ **AJ MENTAL STRESS**	____ **7B BURN OR EXPOSURE INVOLVING WELDING**
____ **AK TRAUMATIC NEUROSIS**	____ **7C BURN OR EXPOSURE TO EXTREME HEAT OR COLD**
____ **AL EXPOSURE TO OCCUPATIONAL DISEASE**	____ **7D BURN OR EXPOSURE INVOLVING CHEMICALS**
____ **AM INHALATION OF CHEMICALS/OTHER IRRITANTS**	____ **7E BURN OR EXPOSURE INVOLVING ELECTRICITY**
____ **AN FOREIGN BODY IN EYE**	____ **8A CUT, PUNCTURE OR SCRAPE BY A TOOL**
____ **AR HUMAN BITE**	____ **8B CUT, PUNCTURE OR SCRAPE INVOLVING GLASS**
____ **1A STRUCK BY MOVING OBJECT OTHER THAN A VEHICLE**	____ **8C CUT, PUNCTURE OR SCRAPE BY A SHARP OBJECT**
____ **1B STRUCK BY MOTOR VEHICLE**	____ **9A TRIPPING**

FIELD 23—CITY	**FIELD 27—DAY OF WEEK**	**FIELD 28—TIME OF DAY**		
___ **A NEW ORLEANS**	___ **1 SUNDAY**	__ A 12:01AM-1:00AM	__ J 9:01AM-10:00AM	__ S 6:01PM- 7:00PM
___ **B BATON ROUGE**	___ **2 MONDAY**	__ B 1:01AM-2:00AM	__ K 10:01AM-10:00AM	__ T 7:01PM- 8:00PM
___ **C LAKE CHARLES**	___ **3 TUESDAY**	__ C 2:01AM-3:00AM	__ L 11:01AM-12:00PM	__ U 8:01PM- 9:00PM
___ **D SHREVEPORT**	___ **4 WEDNESDAY**	__ D 3:01AM-4:00AM	__ M 12:01PM- 1:00PM	__ V 9:01PM-10:00PM
___ **E ALEXANDRIA**	___ **5 THURSDAY**	__ E 4:01AM-5:00AM	__ N 1:01PM- 2:00PM	__ W 10:01PM-11:00PM
___ **F LAFAYETTE**	___ **6 FRIDAY**	__ F 5:01AM-6:00AM	__ O 2:01PM- 3:00PM	__ X 11:01PM-12:00AM
___ **G MONROE**	___ **7 SATURDAY**	__ G 6:01AM-7:00AM	__ P 3:01PM- 4:00PM	
___ **Z CITY NOT LISTED**		__ H 7:01AM-8:00AM	__ Q 4:01PM- 5:00PM	**FIELD 36—NEED LOSS**
___ **O RURAL AREA**		__ I 8:01AM-9:00AM	__ R 5:01PM- 6:00PM	**PREVENTION OFFICER**
___ **I INTERNATIONAL**				**ASSISTANCE __Y __N**

FORM DA 2000 REVISED 10/01/2001 **PLEASE CONTINUE ON BACK**

FIELD 41—NATURE OF INJURY

___ AA AMPUTATION
___ AB ANIMAL BITE
___ AC BRUISE/CONTUSION/SWELLING
___ AD BURN/ABRASION/REDNESS
___ AE CONCUSSION
___ AF DEATH
___ AG DEPRESSION AND ANXIETY
___ AH DERMATITIS
___ AI DISLOCATION OR SEPARATION
___ AJ ELECTRICAL SHOCK OR BURN
___ AK EYE IRRITATION/DAMAGE
___ AL FRACTURE
___ AM HEARING IMPAIRMENT
___ AN HEART ATTACK
___ AP HEAT STROKE
___ AQ HERNIA
___ AR HERNIATED DISC
___ AS INSECT BITE/STING
___ AT LACERATION
___ AU LOSS OF VISION
___ AV SMASHED OR CRUSHED
___ AW MENTAL ANGUISH
___ AX MULTIPLE INJURIES
___ AY POISONING
___ AZ PUNCTURE
___ BA PROSTHETIC REPLACEMENT
___ BB SEIZURE
___ BC SPRAIN/STRAIN
___ BD STRESS
___ BE STROKE
___ HB HUMAN BITE

FIELD 43-SEX OF EMPLOYEE

___ FEMALE
___ MALE

FIELD 44-LENGTH OF SERVICE

___ 0 LESS THAN 6 MOS.
___ 1 7 MOS.-1 YEAR
___ 2 1-3 YEARS
___ 3 3-5 YEARS
___ 4 5-10 YEARS
___ 5 10-15 YEARS
___ 6 MORE THAN 15 YEARS

FIELD 43-AGE OF EMPLOYEE

___ A 15-17
___ B 18-21
___ C 22-25
___ D 26-30
___ E 31-35
___ F 36-40
___ G 41-50
___ H 51-55
___ I 56-60
___ J 61-65
___ K OVER 65

FIELD 50- PART OF BODY

___ AA HEAD
___ AB FOREHEAD
___ AC EYE
___ AD EAR
___ AE NOSE
___ AF MOUTH
___ AG JAW
___ AH TEETH
___ AI FACE
___ AJ CHEEK
___ AK THROAT
___ BA NECK
___ BB BACK
___ BC CHEST
___ BD RIBS
___ BE STOMACH
___ BF LUNGS
___ BG HEART
___ BH GROIN
___ BI GENITAL
___ BJ BUTTOCK
___ BL INTERNAL
___ CA SHOULDER
___ CB ARM
___ CC ELBOW
___ CD WRIST
___ CE HAND
___ CF THUMB
___ CG FINGER
___ DA HIP
___ DB THIGH
___ DC KNEE
___ DD LEG
___ DF ANKLE
___ DG FOOT
___ DH TOE
___ BK SPINE
___ DE SKIN
___

ROOT CAUSE ANALYSIS PORTION

*UNSAFE ACT (**PRIMARY**):*

*UNSAFE CONDITION **(PRIMARY)**:*

*CONTRIBUTORY FACTORS **(IF ANY)**:*

WHY WAS ACT COMMITTED:

WHY DID CONDITION EXIST:

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

KEEP COMPLETED FORMS ON FILE FOR ALL INCIDENTS OR ACCIDENTS.

FORM DA 2000 REVISED 10/01/2001